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Every item of information should be carefully supplied. All should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State <u>Arizona</u>		State File No. <u>560</u>	
County <u>Yuma</u>				Registered No. <u>65</u>			
Township <u>Yuma</u> or Village _____				St. _____ Ward _____			
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Name of deceased <u>Luther Hutton Bellah</u>				How long in U. S. if of foreign birth? yrs. _____ mos. _____ ds. _____			
Residence: No. <u>784-3</u> St. _____ Ward _____				(If nonresident give city or town and State)			
(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>April 6 1931</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Lillian Bellah</u>		6. DATE OF BIRTH (month, day, and year) <u>March 19 1896</u>		7. AGE Years <u>35</u> Months _____ Days <u>17</u>		I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>newspaper editor</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Arizona Sentinel</u>		10. Date deceased last worked at this occupation (month and year) <u>4-4-31</u>		11. Total time (years) spent in this occupation <u>all</u>	
12. BIRTHPLACE (city or town) (State or country) <u>Santa Fe Texas</u>		13. NAME <u>Luther Hutton Bellah</u>		14. BIRTHPLACE (city or town) (State or country) <u>Texas</u>		15. MAIDEN NAME <u>Molly Jones</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Texas</u>		17. INFORMANT (Address) <u>Yuma Ariz</u>		18. Place of CREMATION, OR REMOVAL (Address) <u>Santa Fe Ariz</u>		19. UNDERTAKER (Address) <u>Yuma Ariz</u>	
20. File <u>April 8, 1931</u>		Registrar <u>Ray C. Huffman</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____.		Where did injury occur? _____ (Specify city or town, county and State)	
				Specify whether injury occurred in industry, in home, or in public place.		Manner of injury _____	
				Nature of injury _____		24. Was disease or injury in any way related to occupation of deceased? _____	
				If so, specify _____ (Signed) <u>Edith Truman</u>		Address <u>Yuma Arizona</u>	
				Other contributory causes of importance: <u>gunshot wound self inflicted</u>		Date of Onset _____	